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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>END 5209</b>	
		First Inventor: Christopher J. Hess et al. Title: ENDOSCOPIC MUCOSAL RESECTION DEVICE WITH OVERTUBE AND METHOD OF USE	
		I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313	
		Name: <u>Linda F. Hansen</u> Date: September <u>29</u> 2003	
		Express Mail Label No. <b>ER 554 935 985 US</b>	
<b>APPLICATION ELEMENTS</b> <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		<b>ADDRESSED TO:</b>	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>25</b>] <i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Sheets <b>7</b> ]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <b>3</b> ]</p> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. <input type="checkbox"/> Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification</p>	
<b>19. CORRESPONDENCE ADDRESS</b>		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">The PTO did not receive the following listed item(s) <b>Recordation Cover Sheet</b></p>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input checked="" type="checkbox"/> Correspondence Address below			
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
<b>20. TELEPHONE CONTACT:</b> Gerry S. Gressel Please direct all telephone calls or faxes to: Telephone: (513) 337-3535 Fax: (513) 337-8489			
<b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
NAME		Reg. No. <b>34,342</b>	
SIGNATURE		Date:	
<u>Gerry S. Gressel</u>		<u>9/29/03</u>	
		September <u>29</u> , 2003	

18351 U.S. PTO  
09/29/03

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	September 29, 2003
	First Named Inventor	Rudolph Nobis et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	END-5209

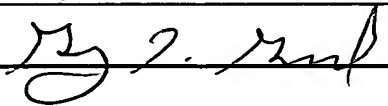
### FEE CALCULATION

#### CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE
					\$ 750.00
TOTAL CLAIMS	14	=	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	3	=	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0	- =	N/A	X 280.00	
				TOTAL FEES	\$750.00

### METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750END-5209/GSG in the amount of \$750.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5209/GSG .

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel	<b>Reg. No. 34,342</b>
Signature		<b>Deposit Account No. 10-0750</b>
Date: September , 2003		